

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2004

01606 212

**CLAIMS AS FILED - PART I**

		(Column 1)	(Column 2)
<b>TOTAL CLAIMS</b>			
FOR		NUMBER FILED	NUMBER EXTRA
<b>TOTAL CHARGEABLE CLAIMS</b>		minus 20 =	*
<b>INDEPENDENT CLAIMS</b>		minus 3 =	*
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

		(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT A</b>	<b>01605</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	8	Minus	20 = 1
Independent	2	Minus	3	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

		(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT B</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	Minus	"	=
Independent	Minus	"	"	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

		(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT C</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	Minus	"	=
Independent	Minus	"	"	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY	RATE	FEES
BASIC FEE	OR BASIC FEE	395.00	790.00
X 25	OR X 50		
X 100	OR X 200		
+180	OR +360		
TOTAL	OR TOTAL		

SMALL ENTITY	OTHER THAN OR SMALL ENTITY	RATE	ADDITIONAL FEE
RATE	ADDITIONAL FEE	X 25	X 50
X 100	OR X 200		
+180	OR +360		
TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE		

AMENDMENT B	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	X 25		X 50	
Independent	X 100		X 200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+180		+360	
	TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	X 25		X 50	
Independent	X 100		X 200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+180		+360	
	TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

PRINT NAME  
ADDRESS  
CITY STATE ZIP  
COPY